

AO83 (Rev. 12/85) Summons in a Criminal Case

UNITED STATES DISTRICT COURT

DISTRICT OF

DELAWARE

UNITED STATES OF AMERICA
V.

SUMMONS IN A CRIMINAL CASE

Gerri Nichelle Knotts

Case Number: 06-102M (MPT)

Wilmington, DE 19801

(Name and Address of Defendant)

REDACTED

YOU ARE HEREBY SUMMONED to appear before the United States District Court at the place, date and time set forth below.

Place J. Caleb Boggs Federal Building 844 North King Street Wilmington, Delaware 19801	Room Magistrate Ctrm # 6C, 6 th Floor
Before: Honorable Mary Pat Thyng, U.S. Magistrate Judge	Date and Time 9/28/06 at 1:00 PM

**** Please report to the U.S. Marshal's office Rm #100 by NOON**

To answer a(n)

☐ Indictment ☒ Information ☐ Complaint ☐ Violation Notice ☐ Probation Violation Petition

Charging you with a violation of Title 18 United States Code, Section(s) 641

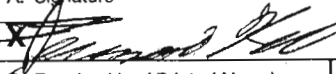
Brief description of offense:

EMBEZZLE, STEAL, PURLOIN, AND CONVERT MONEY FROM AN AGENCY OR DEPARTMENT OF UNITED STATES

Evelyn Watson, Deputy Clerk
Signature of Issuing Officer

September 6, 2006 in Wilmington, DE
Date

Peter T. Dalleo; Clerk of Court
Name and Title of Issuing Officer

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Gerv N. Knotts Wilmington, DE 19801		B. Received by (Printed Name) 	C. Date of Delivery
2. Article Addressed to: 7004 1160 0006 7939 8609		D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To Street, Apt. No.; or PO Box No. City, State, ZIP+4	
PS Form 3800, June 2002 See Reverse for Instructions	